	Plan Selection Information		
Name:	Medicare #:		
	Effective Date Hospital A:		
Birth Date:	Effective Date Medical B:		
	** The information above can be found on your		
Address:	Medicare card, example belo	OW	
	New Card! New N	lumber! 🍇	
Zip Code:	MEDICARE 1 - O MEDICARE (1-800-433-42) MARTINE DE MEDICARE (1-80	TH The Manufacture Converge participation respects (PART A) 03-01-2016	
Phone:	A.	26 May 20 (2021)	
Please write any Insurance you currently have Medicare Advantage or Part D plan, Medicaid	•	• •	
The state helps pay Medicare costs (Premium Pharmacy – 1st Choice:	ns, deductibles, and/or co-in	surance)? □ Yes □ No	
If you are interested in exploring another Pha	rmacy for a Cost Compariso	on, please list:	
Drug Name	Strength (mg/ml)	Dosage(1/day or 30/mo)	





Medicare Part D - Name:	 Plan Selection Informatio Medicare #: 	n	
	Effective Date Hospital A:		
Birth Date:	Effective Date Medical B:		
	** The information above ca	an be found on your	
Address:	Medicare card, example be		
Zip Code:	1-800-MEDICARE (1-800-433-42 JOHN L.S J	care Card DICARE HEALTH INSURANCE	
Please write any Insurance you currently have (examples: SeniorCare, Supplemental Insurance, Medicare Advantage or Part D plan, Medicaid (Medical Assistance), Retiree/Employer coverage, etc.			
The state helps pay Medicare costs (Premiur	ms, deductibles, and/or co-ir	nsurance)? □ Yes □ No	
Pharmacy – 1 st Choice:			
If you are interested in exploring another Pharmacy for a Cost Comparison, please list:			
Drug Name	Strength (mg/ml)	Dosage(1/day or 30/mo)	
	1		



